

[ATTORNEY'S NAME] or DOC heading  
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MONTANA [District #]JUDICIAL DISTRICT YOUTH COURT, [County]COUNTY

IN THE MATTER OF:  [Name of youth], A YOUTH	CAUSE NO. [Cause #]  VOLUNTARY WITHHOLDING AUTHORIZATION
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I, [parent's name], authorize this Court to issue an Order to Withhold Income payable to the Department of Corrections Youth Services Division (“DOC”) to withhold the amount(s) due as outlined below:

\$[amount] per month which includes current/future contributions as outlined in the [document title]issued by this Court dated [date].

OR

50% of my disposable income (whichever is more) as a monthly payment to satisfy amounts which are already due. These amounts include cost-of-care contribution debt.

Additionally, my employer/payer may withhold up to \$5.00 per month for the cost of withholding.

The Court will not order my employer/payer to withhold more than 50% of my disposable income. I understand that income which is not wages or earnings, for example, contract proceeds or rent monies paid to me, are not subject to the 50% limit.

The Court may take subsequent action on the Order to Withhold Income by serving a notice of withholding on me by regular mail. The Court may issue orders to my employer/payer

In the matter of [insert youth name] Cause No. [cause #]  
Voluntary Withholding Authorization

PAGE 1

and any later employer(s)/payer(s). Income will continue as long as the District Court is enforcing my support order. My employer's/payer(s) name and address is:  
[employer's name and address].

I will inform the DOC Regional Administrative Officer within ten (10) days of any changes in my address or my employer's/payer's name or address.

I MAKE THIS AUTHORIZATION WITH FULL KNOWLEDGE OF MY RIGHTS AND DUTIES UNDER MONTANA LAW, INCLUDING THOSE LISTED BELOW. I UNDERSTAND THAT I HAVE THE RIGHT to receive notice from the District Court of the amount of cost-of-care contributions I owe and to hire an attorney to represent me and that it is my responsibility to pay any fees charged for such representation.

I am not intoxicated or suffering from any mental or emotional condition which would prevent me giving my authorization. I make this authorization because it is in my best interest to do so.

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Date

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Signature

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Social Security Number